•									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003										106	5	74	077
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EI	NTITY	OR	OTHER	
TOTAL CLAIMS							-	RATI	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			<i>O</i> minus 20=		. 0			X\$ 9	=	1	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		O			X43:	=		OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145	=	W.	OR	+290=	
* If the difference in column 1 is less than zero, enter *0° in column 2							•	TOTA	۱L	1385	ОЯ	TOTAL	
7	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	LL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.5	Minus	** <i>3</i>	0	=0		X\$ 9:	=		OR	X\$18=	
	Independent	-2	Minus	*** 3	CI AIM	-		X43=			OR	X86=	
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+145:	=		OR	+290=	
<u>.</u>									AL EE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	##		=		X\$ 9=	_ [OR	X\$18=	
	Independent	•	Minus	***		=]	X43=			OR	X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							∔145 =	1				
	L										OR	+290=	
ADDIT. FEE											OR	TOTAL ADDIT. FEE	
		· -											
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	##		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=]	X43=	7			X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR		
+145= OR												+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ODIT. FEE	
1	r the "Highest Nur The "Highest Nurr	mber Previously Pai ber Previously Pai	d For (Total or	Independe	ni) is the	highest numbe	er fou	nd in the	арр	ropriate box	in col	ımn 1.	